2009 ELECTION CYCLE SOS-ME

Delbert Hosemann SECRETARY OF STATE

	Lance Control of the	SECRETARY OF STATE
Candida	ite	
Annual Report of Receipts	and Disbursements	DECENVER
() 1. 1/2009	7 _ \	120000
Candidate's Name	ITERSON.	JAN 2 8 2010
Full Address 1352 FILS I STATE	DRIVE BLOX 353	Secretary of State Capitol Office
Telephone 228 3482170 Fax 238	2 435-4904	IDANITE STANKIP
Contact NameEmail		
Office Political Party	DEM.	
Check here if above Is different from previous report		
TYPE O	F REPORT	
Υ .		
January 29, 2010 Annual Report (January 1, 2009, throu	ugh December 31, 2009)	All Candidates and Political Committees
Termination Report (Candidate will no longer accept contrib	outions or make campaign Required	to terminate reporting
expenditures and has no outstanding of	campaign debt obligation) obligatio	ns
(1) Pre-Election reports are mandatory even if no contributions of	ANT	
(1) Pre-Election reports are mandatory, even if no contributions or shall submit a report indicating "0" (Zero) for total amount of re	expenditures have occurred. In suc	ch case, the candidate
(2) Until a Candidate files a Termination Report, annual and period Ann. § 23-15-807 (b) (ii) and (iii).	lic reports must still be filed in accor	rdance with Miss. Code
(3) The receiving authority must be in actual receipt of the required falls on a weekend or a holiday, the office must be in actual rec day before the deadline. Faxed reports are acceptable.	d reports by 5:00 p.m. on the reportinelipt of the required reports by 5:00	ng day. If the deadline p.m. on the first working
REPORTED CONTRIBUTION	ONS AND DISBURSEMENTS	
Itemized + Non-itemized =	This Period	Calendar
	This Feriod	Year-To-Date
Total amount of contributions \$ +\$	\$ 5,750,00 \$	5750,00
Total amount of disbursements \$ + \$	s / S	0
Total amount of cash on hand	\$ 5.750.0	
I certify that I have examined this report and to the best of my	knowledge and belief it is true, acc	curate and complete
Marchel H. Tallias	28 MAL	1 49
Signature of Candidate	Date	
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory require Penalties: Fallure to submit required reports, or failure to submit reports in accord result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Al	danaa wiii aa	submit valid reports shall
1.Candidates for statewide, state district, multi-county Secretary of State, Elections Division, P.O. Box 136, 601-576-2819.	and all legislative offices should retu Jackson, MS 39205 or fax to 601-359-1	ırn form to 499 or
2. Candidates for countywide and county district office	es should return forms to their county	Circuit Clerk.

Reporting period TEMIZED RECEIPTS  A. Source:   Corporation   PAC   Individual   Loan   Loan	Name of Candidate or Committee	Page	of <u>654</u>
A. Source:   Corporation   PAC   Individual   Loan   Loan		09	
Date (please specify)  Full name  Motorology  Motorology  Full name  Motorology  Motorology  Full name  Motorology  Moto	ITEMIZED RECEI	PTS	
Other (please specify)   (Mo., Day, Year)   receipt this period	A. Source: Corporation DPAC Individual DLoan	5	Amount of each
Mailing Address  Cocupation (Required)  Date (Mo, Day, Year)  Full name  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Date (Mo, Day, Year)  Cocupation (Required)  Aggregate (Mo, Day, Year)  Socupation (Required)  Aggregate (Mo, Day, Year)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Date (Mo, Day, Year)  Aggregate (Mo, Day, Year)  Amount of each receipt (Mo, Day, Year)  Amount of each receipt (Mo, Day, Year)  Aggregate (Mo, Day, Year)  Amount of each receipt (Mo, Day, Year)  Amount of each receipt (Mo, Day, Year)  Aggregate (Mo, Day, Year)	Uname Other (please specify)	The second of the State of the second of	receipt this period
City, Staty, Zip Code  Name of Employer (Required)  Cocupation (Required)  Cocupation (Required)  Date (Please specify)  Full name  Cocupation (Required)  Cocup	MOTOROLA	04107109	\$ 250,00
Name of Employer (Required)    Same of Employer (Required)	P.O. Box 68429		\$
Occupation (Required)  B. Source:	SCHAUM BURG THINDIS COLLS		
B, Source:   Corporation   PAC   Individual   Loan   Date   Amount of each receipt   This period   PAC   Individual   Loan   Date   PAC   Individual   Loan   Date   PAC   PAC	- SAME	111	\$
B. Source:   Corporation   PAC   Individual   Loan   Date   (Mo., Day, Vear)   This period			\$ 240.
Cocupation (Required)  Control (Required)  City, State, Zip Code  Mailing Address  Cocupation (Required)  City, State, Zip Code  City, St	B. Source: □ Corporation PAC □ Individual □ Loan	III KERATA	Amount of each
Mailing Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Cocupation (Required)  Cocupation (Required)  Aggregate year-to-date  Mailing Address  City, State, Zip Code  Mailing Address  Aggregate year-to-date  City, State, Zip Code  Amount of each receipt this period  Aggregate year-to-date  City, State, Zip Code  Aggregate year-to-date  Amount of each receipt this period  Aggregate year-to-date  City, State, Zip Code  Aggregate year-to-date  Aggregate year-to-date  Amount of each receipt this period  City, State, Zip Code  Aggregate year-to-date  Amount of each receipt this period  City, State, Zip Code  Amount of each receipt this period  City, State, Zip Code  Amount of each receipt this period  City, State, Zip Code  Amount of each receipt this period  City, State, Zip Code  Amount of each receipt this period  City, State, Zip Code  Amount of each receipt this period  City, State, Zip Code  Amount of each receipt this period  City, State, Zip Code  Amount of each receipt this period			
City, State, Zip Code    City, State, Zip Code	ENTERPRISE RETUIT-4-140 CO.	060409	e
Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Occupation (Required)  Socious Soci	GOO CORPORATE PARK DRIF		\$
Occupation (Required)  Aggregate year-to-date  C. Source: Corporation   PAC   Individual   Loan    Date (Mo., Day, Year)  Mailing Address  Discouration (Required)  Discouration   PAC   Individual   Loan    Occupation (Required)  Discouration   PAC   Individual   Loan    Other (please specify)  Mailing Address  Discouration   PAC   Individual   Loan    Other (please specify)  Mailing Address  Discouration   PAC   Individual   Loan    Date (Mo., Day, Year)  Mailing Address  Discouration   PAC   Individual   Loan    Date (Mo., Day, Year)  Mailing Address  Discouration   Significant   Si	SAINT LOUIS MO. 63/05	_'_'_	\$
C. Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC	SAAVE		\$
C. Source: *** (Corporation   PAC   Individual   Loan      Other (please specify)   Date (Mo., Day, Year)      Full name			5 20-
City, State, Zip Code  Mailing Address  City, State, Zip Code  Mailing Address  City, State, Zip Code  City, State, Zip Code  Mailing Address  Discorporation  Mailing Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Mailing Address  Addre	C. Source: Corporation   PAC   Individual   Loan		Amount of each
Mailing Address  City, State, Zip Code  D. Source: Corporation PAC Individual Loan  Other (please specify)  Mailing Address  City, State, Zip Code  Mailing Address  Aggregate  Mailing Address			receipt
City, State, Zip Code    City, State, Zip Code   S	Mo. Affect FOO HOW MADE	040409	/0/)
Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC   Individual   Loan   Date (Mo., Day, Year)  Full name  Mailling Address  City, State, Zip Code   City   Same of Employer (Required)  Occupation (Required)  Aggregate   Samount of each receipt this period   Samount of each receipt   Samount of each re	P.O. BOX 14/28	//_	s
Occupation (Required)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name  Mailling Address  City, State, Zip Code Name of Employer (Required)  Aggregate year-to-date  Socious	KIEGELALL MS. 39158	11	s
D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailling Address  City, State, Zip Code Name of Employer (Required)  Aggregate year-to-date  Social Amount of each receipt this period  \$   City, State, Zip Code			\$
Other (please specify)   Date (Mo., Day, Year)   Full name   Amount of each receipt this period			\$ 500
Full name  HANCOCK BANK  Mailing Address  City, State, Zip Code  Liuf Port MS   Name of Employer (Required)  Occupation (Required)  Aggregate S	A S Marvidual   Loan	119907	Amount of each:
Malling Address  City, State, Zip Code  City,			
City, State, Zip Code// \$  City, State, Zip Code/_/ \$ /_/ \$  Name of Employer (Required)/_/ \$  Occupation (Required) Aggregate \$	HANCOCK BANK	deid og	
Name of Employer (Required)  Occupation (Required)  Aggregate	City, State Zin Code	_/_/_	
Occupation (Required)	GULFFORT MS.	_/_/_	\$
Aggregate			\$
	Cocopation (Required)		\$ 100

Q. Lu Por	Page 2	of
Name of Candidate or Committee Alexander Alexa	0.09	
ITEMIZED RECI	EIPTS	
A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS. POWER CO.	06104109	\$ 100,00
Mailing Address P.O. BOX 4079		\$
City, State, Zip Code  CUF PORT M5. 39502  Name of Employer (Required)		\$
SAIGE	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$ 100.
B. Source: Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
AMERISTAR CASINO VICKSbooks	0604109	\$ 350,00
4116 WALINGTON ST.		\$
VICKS DURG , MS. 39180		\$
Name of Employer (Required)	_1_11	\$
Occupation (Required)	Aggregate year-to-date	\$ 350.
□ Corporation □ PAC Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address FRF C. SMITH	06.04:09	\$ 750,00
P.O. Box 681		\$ /
COLUMBUS, MS, 39703		\$
SAME	!!	\$
Occupation (Required)	Aggregate yearto-date	\$ 750.
D. Source:   Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS. ROW BUILDES ASSOC,	0604109	\$ /000,00
City, State Zip Code		\$
Iame of Employer (Required) / MS. 39202		s
Occupation (Required)		\$
Acceptation (Kednikea)	Aggregate year-to-date	\$ 1000.

Name of Candidate or Committee RALJALL PATERS	OPage 3	of A
Reporting period / JAN 09 through 3/ DE ITEMIZED RECEIF	PTS	
A. Source: XCorporation	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	0207109	\$ /on oo
Mailing Address Pro-Box 9034	_1_1_	\$ / 5 4
CONCORD, CA 94524	_1_1_	\$
Name of Employer (Required)		S
Occupation (Required)	Aggregate year-to-date	\$ /000-
3. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
CHEK INTO CASH OF MS. INC.	08/07/09	\$ 250,00
P.O. Box 550		\$
CLEVELAND TN, 37364		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 290=
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
WITHOUT RAWALL PATTERSON	08107109	\$ 250,50
Address KENS/NEDV. DR -		\$
BILOX MS. 39530		\$
lame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 25
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	1 1	\$
Mailing Address	1 1	\$
City, State, Zip Code		s
lame of Employer (Required)	1 1	\$
occupation (Required)	Aggregate	\$

On les Director	Page 4	_ of
Name of Candidate or Committee A through 3/ DC/	8	
Reporting period through 3/ )/C/	TC.	
ITEMIZED RECEI	715	
A. Source: □ Corporation PAC □ Individual □ Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
AT ST MS,	12130109	\$ 500.
175 E. GRATAL ST.  Dity, State, Zip Code	_1_1_	\$
JAKSON MS. 39201	_1_1_	\$
SAME	_1_1_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
3. Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
CHEVRON CORP.	1213009	\$ 500.
P-O-BOX 9034		s
CONCORD CA. 94524	_/_/_	\$
lame of Employer (Required)		\$
ccupation (Required)	Aggregate year-to-date	\$ 1500
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
uli name	1 1	\$
lailing Address	1 1	\$
ity, State, Zip Code		\$
ame of Employer (Required)		\$
ccupation (Required)	Aggregate year-to-date	s
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	11	\$
ailing Address	11	s
ity, State, Zip Code	1 1	\$
ame of Employer (Required)		
ccupation (Required)	Aggregate	\$
	year-to-date	•

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Name of Candidate or Committee		
The state of commerce of the state of the st	~	

## Reporting period 1771 09 through 3/ 2009 ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_1_1_1_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1
City, State, Zip Code	tt	5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	S
City, State, Zip Code	1//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s